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Tupferolle  
CKG 4/96 US

Attorney Docket No.: FLA-0010

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Storage Device for Medical Swabs** the specification of which:

( ) is attached hereto.

(XX) was filed on 10 October 1997 as Application Serial No. PCT/EP97/05609 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of any application on which priority is claimed:

Country	Number	Date Filed	Priority Claimed			
Germany	296 20 636.9	Nov. 27, 1996	Yes	X	No	
			Yes		No	
			Yes		No	

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: **Jane Massey Licata and Kathleen A. Tyrrell**, Registration Nos. **32,257 and 38,350**, respectively, of the firm of **Law Offices of Jane Massey Licata**, 66 E. Main Street, Marlton, New Jersey 08053, and

Address all telephone calls and correspondence to:

**Jane Massey Licata, Esq.**  
Law Offices of Jane Massey Licata  
66 E. Main Street  
Marlton, New Jersey 08053

Telephone No.: (609) 810-1515

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the

United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Full Name: Andreas Fellingner	Inventor's Signature: <i>Andreas Fellingner</i>	Date: 11.11.55
	Residence: Elsbachweg 26 D-56459 Ailertchen, Germany	Citizenship: German	
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2	Full Name:	Inventor's Signature:	Date
	Residence:	Citizenship:	
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4	Full Name:	Inventor's Signature:	Date
	Residence:	Citizenship:	
	Post Office Address: Same as above.		
5	Full Name:	Inventor's Signature:	Date
	Residence:	Citizenship:	
	Post Office Address: Same as above.		

Practitioner's Docket No. R00206US**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**☒ In re application of: Andreas Fellingner

Application No.: 09 / 308,408

Group No.: 3728

Filed: 06/28/1999

Examiner: LUONG, S.

For: STORAGE DEVICE FOR MEDICAL SWABS

☐ Patent No.:

Issued:

NOTE: Insert name(s) of inventor(s) and title also for patent

Assistant Commissioner for Patents

Washington, D.C. 20231

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST  
(REVOCATION OF PRIOR POWERS)**

As assignee of record of the entire interest of the above identified

☒ application,☐ patent,**REVOCATION OF PRIOR POWERS OF ATTORNEY**

all powers of attorney previously given are hereby revoked and

**NEW POWER OF ATTORNEY**

the following attorney(s) and/or agent(s) are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith:

(list name and registration number)

D. Peter Hochberg

Reg. No. 24,603

William H. Holt

Reg. No. 20,766

(check the following item, if applicable)

- ☐
- Attached, as part of this power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO:**

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(type or print identity of assignee of entire interest)

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Address  
D-56459 Neuwied, Germany

- ☒ Recorded in PTO on 06/28/1999  
Reel 010097  
Frame 0620  
☐ Recorded herewith

**ASSIGNEE STATEMENT**

Attached to this power is a "STATEMENT UNDER 37 C.F.R. § 3.73(b)."

LOHMANN GmbH & Co. KG

ppa.

ppa.

Signature

Date December 20, 2000

Willi Wortig Dr. Rainer N. Müller  
(type or print name of person authorized to  
sign on behalf of assignee)

International Business

General Counsel

Title  
Manager

of legal affairs de

NOTE: The assignee of the entire interest may revoke previous powers and be represented by an attorney of his or her selection. 37 C.F.R. § 1.55.

(check the following item, if it forms a part of this power of attorney)

- ☐ Added page Authorization of attorney(s) to accept and follow instructions from representative.